

# Medi-Cal Monthly Update

*"To Enrich Lives Through Effective and Caring Service"*

June 2010

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## Applications Processed by the Medi-Cal Mail-In Application District

The Medi-Cal Mail-In Application District #89 has a unique operation that is based primarily on applications received from the Single Point of Entry (SPE), Healthy Families, School Lunch Program, and Newborn Referrals. **Most** of the applications are for pregnant women and children. Many of the applications are processed under the Asset Waiver program requirements.

Because of the special processing for Asset Waiver (AW) eligibility for pregnant women and children (ages 0 to 19) with incomes under Federal Poverty Levels (FPL), the district is not required to obtain certain verification (see below) prior to approval.

This is to remind approved eligibility staff that the following documents will not be included in AW cases prior to approval:

- Pregnancy verification for pregnancy services only when income is under 200% FPL\*
- Declaration or verification of property for pregnant woman or child when income is under the appropriate FPL for the household size
- SAWS 1 when MC Mail-In Application is used
- Social Security numbers\*\* (required within 60 days from application but not prior to approval)
- PA 481 signed by the applicant. The form should be on file but may be completed by #89 staff.

Additionally, many non-traditional application forms are processed by the district. These include:

- National School Lunch Program (NSLP) Application
- Healthy Families Annual Eligibility Review Form (AER), Add-A-Person Form, Re-Enrollment Form and Premium Re-Evaluation Form
- Newborn referral (MC 330) for infants born to SSI mothers with no case on LEADER

Individuals who are eligible under the 1931b, Medically Needy and Medically Indigent programs must provide verification required for those programs.

\*Pregnancy verification must be provided within 60 days of the application date for full scope benefits to continue. District #89 is not to delay processing of the application due to lack of written pregnancy verification.

\*\*Copies of Social Security cards are not required. A Social Security number must be provided within 60 days of the application date. District #89 is not to delay processing of the application due to no Social Security number.

References: A.D.3925 dated 08/12/98, A.D.4059 dated 07/26/00, A.D.4093 dated 01/08/01, A.D.4061 dated 02/08/01, A.D.4104 dated 3/12/01, A.D.4127 dated 06/20/01, A.D.4174 dated 08/28/02, and A.D.4104 Supp. I dated 12/24/07

Staff may also review Medi-Cal Procedures Manual [Article 4M](#) for verification requirements and [Article 4X](#) for Single Point of Entry Processing and Referrals to/from the Healthy Families Program.

S.G.



# Congratulations Grads



## ATTENTION!!!

### IHSS PLUS WAIVER (IPW) INCOME EXEMPTION

Wages for IHSS caregivers who are either a Parent or a Spouse of the IHSS recipient are to be treated as exempt income. As of April 30, 2010 LEADER is programmed to properly exempt income for certain IHSS Plus Waiver (IPW) Caregivers. This cancels the workaround described in the Medi-Cal Monthly Update dated January 2006.

The LEADER *Earned Income* screen has been enhanced to exempt wages paid to an In-Home Caregiver who is a parent or the spouse of an IHSS recipient living in the home in IPW (IHSS Plus Waiver) cases.

A new question field, "MAO/MSP Exempt Wage-Parent/Spouse Caregiver of IHSS recipient living in home [Y/N]" has been added to *Earned Income* screen. This field will be enabled only when the Income Type selected on the screen is "Wages, Salaries, and Commissions". The valid values for the field are "Y", "N", and <Blank>. Medi-Cal/MSP EDBC shall exempt the wages in the income calculation for Medi-Cal/MSP Program if the value entered in the field is "Y." Medi-Cal/MSP EDBC shall count the wages if the value entered is "N" or the field is "<Blank>". IPW Workers shall follow the current Medi-Cal Program Policy to determine if the in-home caregiver's IHSS wages qualify for exemption.

Note: All other assistance programs will continue to count the income.

Reference: LEADER Build #239 Release Notes  
April 30, 2010  
A.D. 4534 Supp. I dated 07-08-08

J.T.

### Redeterminations for Deemed Eligible Infants

This is to remind staff that Medi-Cal benefits for Deemed Eligible infants continue to age one even if the family fails to return the annual redetermination. When the infant reaches age one, staff must determine continued eligibility for the infant. A new case number must be assigned if the infant continues to be eligible.

Reference: A.D.4201, Supp. 1 dated 4-20-05

S.G.

## GOT MAIL?

**Q:** The EW failed to follow up on an MC 355 and more than 20 days have passed. Should the EW start the SB 87 process again?

**A:** No, it's not necessary to repeat Steps 1 and 2 of the SB 87 process, instead, clear your incoming mail first. If the first MC 355 was mailed, followed by the second MC 355 and the beneficiary has not provided the required verification, the EW should determine if sufficient information exists to establish eligibility for any household member. For example, if property verification was requested but not provided and the case consists of children or a pregnant woman, evaluate for the Asset Waiver program. Medi-Cal benefits should be discontinued for any household member for whom eligibility is not established. However, before any action is taken, all three of the SB 87 steps must be documented:

**Step 1-** Include the date the ex-parte review was completed and the type of verification or information needed. Include any findings.

**Step 2-** Results from the phone call or any attempt to contact the beneficiary by phone must be documented. If a phone number is not available or is disconnected, this information must also be included in the Case Comments.

**Step 3-** Include the dates the first and second MC 355 were mailed and due dates for each MC 355.

If only one MC 355 was mailed and the requested information was not received, a second MC 355 must be mailed allowing the beneficiary 10 calendar days to respond. Even if the EW failed to follow up, the beneficiary must be allowed the additional 10 days and verification of the second request must be on file.

If the information received in response to the MC 355 is incomplete, the EW shall attempt to request the remaining information by phone. If phone contact is not established, a second request should be mailed with a 10 calendar due date. If the due date falls on a weekend or holiday, the day due should be changed to the first workday following the 10th calendar day.

Detailed Case Comments of any contact or attempt to contact the beneficiary and efforts the beneficiary is putting forth to provide the requested documents will avoid case processing audit errors.

Reference: A.D.4160, dated 3/12/02

A.P.G.



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